## **Application Data Sheet**

## Via U.S. Express Mail #EU186312592US

**Application Information** 

Application number:: Not Yet Assigned

Application Type:: Regular Subject Matter:: Utility Suggested Group Art Unit:: N/A

CD-ROM or CD-R?::

Sequence submission?::

Computer Readable Form (CRF)?::

No

Title:: METHODS AND COMPOSITIONS IN

BREAST CANCER DIAGNOSIS AND

Attorney Docket Number:: THERAPEUTICS
HO-P02102US2

(10100073 / OTA 01-50)

Request for Early Publication?::

Request for Non-Publication?::

Small Entity?::

Petition included?::

No

Secrecy Order in Parent Appl.?:: No

**Applicant Information** 

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Suzanne A.W. Family Name:: Fugua

Family Name:: Fuqua
City of Residence:: Sugar Land

State or Province of Residence:: TX
Country of Residence:: US

Street of mailing address:: 5410 Drakeview Court

City of mailing address:: Sugar Land

State or Province of mailing address:: TX

Country of mailing address:: US

Postal or Zip Code of mailing address:: 77479

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Peter
Family Name:: O'Connell
City of Residence:: Houston

State or Province of Residence:: TX
Country of Residence:: US

Street of mailing address:: 3821 Jack Street

City of mailing address:: Houston

State or Province of mailing address:: TX
Country of mailing address:: US

Postal or Zip Code of mailing address:: 77006

Applicant Authority Type:: Inventor

**Primary Citizenship Country::** US

Status:: **Full Capacity** Given Name:: D. Craig

Allred Family Name:: City of Residence:: Houston

State or Province of Residence:: TX Country of Residence:: US

Street of mailing address:: 4249 Greeley Street

City of mailing address:: Houston

State or Province of mailing address:: TX

Country of mailing address:: US

Postal or Zip Code of mailing address:: 77006

**Applicant Authority Type::** Inventor **Primary Citizenship Country::** US

Status:: **Full Capacity** 

Given Name:: Torsten A. Family Name:: Hopp

State or Province of Residence:: TX Country of Residence:: US

Street of mailing address:: 3514 Chatwood Drive

City of mailing address:: Pearland

State or Province of mailing address:: TX Country of mailing address:: US Postal or Zip Code of mailing address:: 77584

**Correspondence Information** 

Correspondence Customer Number:: 26,271

Phone number:: (713) 651-3735 Fax number:: (713) 651-5246

E-Mail address:: msistrunk@fulbright.com

Representative Information

Representative Customer Number:: 26,271

**Domestic Priority Information** 

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/262,990	January 19, 2001
This Application	Non-Provisional of	60/304,018	July 9, 2001